

**DMHMRSAS MEDIS REPORTAL
ACCOUNT REQUEST FORM**

TO: DMHMRSAS Agency IT Security Officer
P.O. Box 1797 – 5th Floor
Richmond, Virginia 23218
James.Stone@co.dmhmrssas.virginia.gov
Telephone: (804) 225-2829

Please FAX a signed copy along
with a signed copy of HIPAA
TRAINING ACKNOWLEDGEMENT
FORM to: 804-786-8623
Attn: James Stone

In order to establish a new account, the user must:

- Visit <http://www.dmhmrssas.virginia.gov/adm-HIPAA.htm> and view the HIPAA training slides.
- Print, sign, and attach the HIPAA Training Acknowledgment Form (downloaded separately from the slideshow, in PDF or WORD format).
- Attain authorization to access MEDIS data by completing the form below.
- Complete page 2 for your database permissions (Sections 1 & 4 Only).

Community Service Board / Facility Data Access Authorization (Please print or type)			
CSB Name OR Facility Name: (If Rx-C# specific, please include)		Effective Date:	
Authorizing CSB Executive Director Name & Signature OR Authorizing Facility Pharmacy Director Name & Signature		Their Telephone Number and Email Address:	
MEDIS Reportal Account User Information (Please print or type)			
Employee Name / Position Title		Their Telephone Number and Email Address:	
Type of Action Requested:		<input type="checkbox"/> Grant Access <input type="checkbox"/> Discontinue Access <input type="checkbox"/> Update Account Info	
Does user have a DMHMRSAS domain account? If yes what is the account name?			

MEDIS Reportal Use Only:

Date Entered into MEDIS Reportal: _____ **Entered by:** _____

By signing this form the Authorizing individual and the Employee (MEDIS Reportal User) acknowledge that any change in the Employee's status which would no longer require the Employee to access this confidential data must be reported by the Authorizing individual to James Stone either by phone or email. This is critical to ensure the protection of the data. Any attempt by the Employee to access this data after a status change can result in legal action being taken against them in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule.

Department of Mental Health, Mental Retardation
and Substance Abuse Services

SQL SERVER Logon and Access Request Form

SECTION 1 –Add or Modify SQL Server Access

Requestor:		Office	
Requested For:		Facility	
Data Base/Application:	tMedis on Dmhmrsas11	Access Level	Read Only
Reason:	In conjunction with Reportal, granting datareader access to the database will allow the reporting function to work properly.		

Comment [JS1]:

For IT Office Use Only			
Data Base Name		Data Base Role	
User Name/Workgroup			
Assigned By:		Completed Date:	

SECTION 2 –Application Installation

Request Client Application Installation		Application :	
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For IT Office Use Only			
Installed By:		Completed Date:	

SECTION 3 –Access Removal Actions

List Applications/Logons/Installations to be terminated: (Use back of form if needed)	
Date Terminated:	

For IT Office Use Only			
Action Completed By:		Completed Date:	

SECTION 4 –Authorization

Form Authorization Signature:	Date:	